

		FOR OFF USE					

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2005  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES  
FINANCIAL AND STATISTICAL REPORT FOR  
LONG-TERM CARE FACILITIES  
(FISCAL YEAR 2005)

IMPORTANT NOTICE  
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0036640

Facility Name: ALDEN VALLEY RIDGE REHAB & HCC

Address: 275 EAST ARMY TRAIL ROAD BLOOMINGDALE 60108  
Number City Zip Code

County: DuPage

Telephone Number: (630) 893-9616 Fax # (630) 924-1059

IDPA ID Number: 36-3738956

Date of Initial License for Current Owners: 2/01/1991

Type of Ownership:

<input type="checkbox"/>	VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/>	PROPRIETARY	<input type="checkbox"/>	GOVERNMENTAL
<input type="checkbox"/>	Charitable Corp.	<input type="checkbox"/>	Individual	<input type="checkbox"/>	State
<input type="checkbox"/>	Trust	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	County
IRS Exemption Code		<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Other
		<input checked="" type="checkbox"/>	"Sub-S" Corp.		
		<input type="checkbox"/>	Limited Liability Co.		
		<input type="checkbox"/>	Trust		
		<input type="checkbox"/>	Other		

In the event there are further questions about this report, please contact:  
Name: STEVEN M. KROLL Telephone Number: (773) 286-3883

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2005 to 12/31/2005 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed)		(Date)
	(Type or Print Name)	Joan Carl	
	(Title)		
Paid Preparer	(Signed)		(Date)
	(Print Name and Title)		
	(Firm Name & Address)		
	(Telephone)	( )	Fax # ( )
	MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001		
	Phone # (217) 782-1630		

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC

# 0036640 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,  
(must agree with license). Date of change in licensed beds

NO CHANGE

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	207	Skilled (SNF)	207	75,555	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	207	TOTALS	207	75,555	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	28,588	4,060	9,907	42,555	8
9	SNF/PED					9
10	ICF	20,623	1,609		22,232	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	49,211	5,669	9,907	64,787	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed  
bed days on line 7, column 4.) 85.75%

D. How many bed-hold days during this year were paid by the Department?

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.  
(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

Yes

G. Do pages 3 & 4 include expenses for services or  
investments not directly related to patient care?

YES

☐

NO

☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES

☐

NO

☒

I. On what date did you start providing long term care at this location?

Date started

02/01/91

J. Was the facility purchased or leased after January 1, 1978?

YES

☒

Date

02/01/91

NO

☐

K. Was the facility certified for Medicare during the reporting year?

YES

☒

NO

☐

If YES, enter number

of beds certified

207

and days of care provided

8,499

Medicare Intermediary Administar Federal, Inc

IV. ACCOUNTING BASIS

ACCRUAL

☒

MODIFIED

CASH\*

☐

CASH\*

☐

Is your fiscal year identical to your tax year?

YES

☒

NO

☐

Tax Year:

12/31/2005

Fiscal Year:

12/31/2005

\* All facilities other than governmental must report on the accrual basis.

STATE OF ILLINOIS

Facility Name & ID Number

ALDEN VALLEY RIDGE REHAB & HCC

#

0036640

Report Period Beginning:

01/01/2005

Ending:

12/31/2005

Page 3

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	409,088	26,288	9,600	444,976	722	445,698	(5,126)	440,572			1
2	Food Purchase		369,955		369,955	(32,469)	337,486	(5,299)	332,187			2
3	Housekeeping	196,115	39,665		235,780	322	236,102		236,102			3
4	Laundry	50,221	21,526		71,747	128	71,875		71,875			4
5	Heat and Other Utilities			245,375	245,375		245,375	(2,198)	243,177			5
6	Maintenance	32,048	391	161,043	193,482	280	193,762	10,929	204,691			6
7	Other (specify):* Related Party Salary							55,183	55,183			7
8	TOTAL General Services	687,472	457,825	416,018	1,561,315	(31,017)	1,530,298	53,489	1,583,787			8
	B. Health Care and Programs											
9	Medical Director			18,000	18,000		18,000		18,000			9
10	Nursing and Medical Records	2,872,706	195,928	80,673	3,149,307	(69,779)	3,079,528	2,113	3,081,641			10
10a	Therapy	95,510			95,510		95,510		95,510			10a
11	Activities	88,217	5,442	2,779	96,438	82	96,520		96,520			11
12	Social Services	37,947			37,947		37,947		37,947			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Related Party Salary							32,774	32,774			15
16	TOTAL Health Care and Programs	3,094,380	201,370	101,452	3,397,202	(69,697)	3,327,505	34,887	3,362,392			16
	C. General Administration											
17	Administrative	124,596			124,596		124,596		124,596			17
18	Directors Fees											18
19	Professional Services			817,776	817,776		817,776	(755,599)	62,177			19
20	Dues, Fees, Subscriptions & Promotions			58,262	58,262	(4,670)	53,592	(41,766)	11,826			20
21	Clerical & General Office Expenses	181,676	17,828	53,373	252,877	5,072	257,949	(3,702)	254,247			21
22	Employee Benefits & Payroll Taxes			539,109	539,109	26,795	565,904	(7,042)	558,862			22
23	Inservice Training & Education					36,762	36,762		36,762			23
24	Travel and Seminar			13,123	13,123	625	13,748	18,733	32,481			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			228,766	228,766		228,766	12,473	241,239			26
27	Other (specify):* Related Party Salary/Bad debt			78,274	78,274		78,274	404,325	482,599			27
28	TOTAL General Administration	306,272	17,828	1,788,683	2,112,783	64,584	2,177,367	(372,578)	1,804,789			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,088,124	677,023	2,306,153	7,071,300	(36,130)	7,035,170	(284,202)	6,750,968			29

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.  
 NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			70,257	70,257	(257)	70,000	311,342	381,342			30
31	Amortization of Pre-Op. & Org.							1,810	1,810			31
32	Interest			114,696	114,696		114,696	542,662	657,358			32
33	Real Estate Taxes							200,946	200,946			33
34	Rent-Facility & Grounds			897,513	897,513		897,513	(897,513)				34
35	Rent-Equipment & Vehicles			32,550	32,550		32,550	31,973	64,523			35
36	Other (specify):* MIP & Amort							45,504	45,504			36
37	TOTAL Ownership			1,115,016	1,115,016	(257)	1,114,759	236,724	1,351,483			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		525,274	718,221	1,243,495	36,387	1,279,882	(372,911)	906,971			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			113,333	113,333		113,333		113,333			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		525,274	831,554	1,356,828	36,387	1,393,215	(372,911)	1,020,304			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,088,124	1,202,297	4,252,723	9,543,144		9,543,144	(420,389)	9,122,755			45

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Reclassifications - Pgs 3 and 4

From Line	To Line	Amount	Description
2		(32,469)	Employee Meal
	22	32,469	Employee Meal
22		(5,674)	Uniforms
	1	722	Uniforms
	3	322	Uniforms
	4	128	Uniforms
	6	23	Uniforms
	10	3,370	Uniforms
	11	82	Uniforms
	21	1,027	Uniforms
10		(36,387)	Oxygen
	39	36,387	Oxygen
10		(36,762)	Med consult-Dart
	23	36,762	Med consult-Dart
	21	366	Background Check Reclass
20		(366)	Background Check Reclass
21		(625)	Deming Seminar / Training
	24	625	Deming Seminar / Training
30		(257)	Move Depreciation expense
	6	257	Move Depreciation expense
		<u>0</u>	Net should be 0

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.  
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	14,755	30		9
10	Interest and Other Investment Income	(533)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,253)	2		13
14	Non-Care Related Interest	(43,760)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(656)	21		17
18	Fines and Penalties	(5,847)	32		18
19	Entertainment	(2,663)	20		19
20	Contributions	79	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(22,780)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(78,273)	27		24
25	Fund Raising, Advertising and Promotional	(35,100)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(6,500)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(1,154)	20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (183,685)		\$	30

OHF USE ONLY							
48		49		50		51	

B. If there are expenses experienced by the facility which do not appear in the  
general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(161,764)	Various	34
35	Other- Attach Schedule	(74,940)	PG 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (236,704)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B) )	\$ (420,389)		37

\*These costs are only allowable if they are necessary to meet minimum  
licensing standards. Attach a schedule detailing the items included  
on these lines.

C. Are the following expenses included in Sections A to D of pages 3  
and 4? If so, they should be reclassified into Section E. Please  
reference the line on which they appear before reclassification.  
(See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	\$		38
39						39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilities	\$ (5,566)	5	1
2	Late fee on telephone	(28)	21	2
3	Intercompany interest (GL7031)	(7,604)	32	3
4	Miscellaneous Income (GL 4977)	(255)	21	4
5	Marketing Manager (GL6701-100-009)	(53,400)	21	5
6	Back out % of Employee Benefits for Mktg Magr	(7,042)	22	6
7	Back our 32.97% of PAC fees from IHCA bills	(3,603)	20	7
8	Back out Vendor settlement for prior year	3,172	21	8
9	Back out Valley Ridge Assoc. bank charges	(464)	21	9
10				10
11				11
12	Elim.Marzullo legal invoice-Insurance to reimburse	(150)	19	12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(74,940)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC # 0036640 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	(5,126)	0	0	0	0	0	0	0	(5,126)	1
2	Food Purchase	(1,253)	0	0	(4,046)	0	0	0	0	0	0	0	(5,299)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(5,566)	0	3,368	0	0	0	0	0	0	0	0	(2,198)	5
6	Maintenance	0	0	10,029	0	0	0	900	0	0	0	0	10,929	6
7	Other (specify):*	0	0	50,489	4,694	0	0	0	0	0	0	0	55,183	7
8	TOTAL General Services	(6,819)	0	63,886	(4,478)	0	0	900	0	0	0	0	53,489	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	3,834	(1,721)	0	0	0	0	0	0	2,113	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	32,774	0	0	0	0	0	0	0	0	32,774	15
16	TOTAL Health Care and Programs	0	0	32,774	3,834	(1,721)	0	0	0	0	0	0	34,887	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(22,930)	4,200	(736,869)	0	0	0	0	0	0	0	0	(755,599)	19
20	Fees, Subscriptions & Promotions	(42,441)	0	675	0	0	0	0	0	0	0	0	(41,766)	20
21	Clerical & General Office Expenses	(58,131)	464	35,382	9,267	9,316	0	0	0	0	0	0	(3,702)	21
22	Employee Benefits & Payroll Taxes	(7,042)	0	0	0	0	0	0	0	0	0	0	(7,042)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	18,733	0	0	0	0	0	0	0	0	18,733	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	12,192	281	0	0	0	0	0	0	0	0	12,473	26
27	Other (specify):*	(78,273)	0	458,324	13,714	10,560	0	0	0	0	0	0	404,325	27
28	TOTAL General Administration	(208,817)	16,856	(223,474)	22,981	19,876	0	0	0	0	0	0	(372,578)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(215,636)	16,856	(126,814)	22,337	18,155	0	900	0	0	0	0	(284,202)	29



## Summary B

<b>Facility Name &amp; ID Number</b>	<b>ALDEN VALLEY RIDGE REHAB &amp; HCC</b>	<b>#</b>	<b>0036640</b>	<b>Report Period Beginning:</b>	<b>01/01/2005</b>	<b>Ending:</b>	<b>12/31/2005</b>
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**SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I**

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	14,755	286,691	8,035	0	1,861	0	0	0	0	0	0	311,342	30
31	Amortization of Pre-Op. & Org.	0	0	1,810	0	0	0	0	0	0	0	0	1,810	31
32	Interest	(57,744)	517,137	79,020	0	1,751	2,498	0	0	0	0	0	542,662	32
33	Real Estate Taxes	0	192,894	7,367	0	685	0	0	0	0	0	0	200,946	33
34	Rent-Facility & Grounds	0	(897,513)	0	0	0	0	0	0	0	0	0	(897,513)	34
35	Rent-Equipment & Vehicles	0	0	31,973	0	0	0	0	0	0	0	0	31,973	35
36	Other (specify):*	0	45,504	0	0	0	0	0	0	0	0	0	45,504	36
37	TOTAL Ownership	(42,989)	144,713	128,205	0	4,297	2,498	0	0	0	0	0	236,724	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(148,397)	(54,281)	(170,233)	0	0	0	0	0	(372,911)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(148,397)	(54,281)	(170,233)	0	0	0	0	0	(372,911)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(258,625)	161,569	1,391	(126,060)	(31,829)	(167,735)	900	0	0	0	0	(420,389)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
		See Pg 6K				

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent Income	\$ 897,513	Valley Ridge Associates Limited Partnership		\$	\$ (897,513)	1
2	V	32	Interest Income-R/R	981	Valley Ridge Associates Limited Partnership			(981)	2
3	V								3
4	V	19	Audit Fees		Valley Ridge Associates Limited Partnership		4,200	4,200	4
5	V	21	Other Admin Expenses		Valley Ridge Associates Limited Partnership		464	464	5
6	V	33	Real Estate Taxes		Valley Ridge Associates Limited Partnership		192,894	192,894	6
7	V	26	Property & Liability Ins		Valley Ridge Associates Limited Partnership		12,192	12,192	7
8	V	32	Int on Mortgage Loan		Valley Ridge Associates Limited Partnership		518,118	518,118	8
9	V	36	Mortgage Ins Premium		Valley Ridge Associates Limited Partnership		43,906	43,906	9
10	V	30	Depreciation		Valley Ridge Associates Limited Partnership		286,691	286,691	10
11	V	36	Amortization		Valley Ridge Associates Limited Partnership		1,598	1,598	11
12	V								12
13	V								13
14	Total			\$ 898,494			\$ 1,060,063	\$ * 161,569	14

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	19	Professional fees	\$ 755,522	Alden Management Services		\$ 18,653	\$ (736,869)	15
16	V	21	Clerical and G & A		Alden Management Services		35,382	35,382	16
17	V	5	Utilities		Alden Management Services		3,368	3,368	17
18	V	6	Maintenance		Alden Management Services		10,029	10,029	18
19	V	24	Travel & seminar		Alden Management Services		18,733	18,733	19
20	V	26	Insurance		Alden Management Services		281	281	20
21	V	20	Dues/subscriptions/fees etc		Alden Management Services		675	675	21
22	V	30	Depreciation		Alden Management Services		8,035	8,035	22
23	V	31	Amortization		Alden Management Services		1,810	1,810	23
24	V	33	Real estate taxes		Alden Management Services		7,367	7,367	24
25	V	35	Rent-equipment/vehicles		Alden Management Services		31,973	31,973	25
26	V	32	Interest		Alden Management Services		79,020	79,020	26
27	V	7	Salaries-general serv		Alden Management Services		50,489	50,489	27
28	V	15	Salaries-health care		Alden Management Services		32,774	32,774	28
29	V	27	Salaries-general admin		Alden Management Services		458,324	458,324	29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 755,522			\$ 756,913	\$ * 1,391	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	2	Tube-feeding	\$14,097	Prism Health Care		\$10,051	\$(4,046)	15
16	V	10	Nursing supplies		Prism Health Care				16
17	V	39	Supplies	195,345	Prism Health Care		46,948	(148,397)	17
18	V	21	Gen'l & admin		Prism Health Care		9,267	9,267	18
19	V	27	Gen'l & admin salaries		Prism Health Care		13,714	13,714	19
20	V	1	Dietary Consultant	9,600	Prism Health Care		4,474	(5,126)	20
21	V	7	Dietary Salary		Prism Health Care		4,694	4,694	21
22	V	10	Equipment Rental	3,060	Prism Health Care		6,894	3,834	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$222,102			\$96,042	\$*(126,060)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	drugs	\$ 176,337	Forum Extended Care II		\$ 250,968	\$ 74,631	15
16	V	10	house stock	7,187	Forum Extended Care II		6,374	(813)	16
17	V	39	I.V.	150,068	Forum Extended Care II		21,921	(128,147)	17
18	V	22	employee benefits		Forum Extended Care II				18
19	V	21	gen'l & admin		Forum Extended Care II		9,316	9,316	19
20	V	32	interest		Forum Extended Care II		1,751	1,751	20
21	V	33	real estate tax		Forum Extended Care II		685	685	21
22	V	30	depreciation		Forum Extended Care II		1,861	1,861	22
23	V	27	gen'l & admin salaries		Forum Extended Care II		10,638	10,638	23
24	V	10	pharmacy consulting	7,078	Forum Extended Care II		6,170	(908)	24
25	V	39	Wound Vac	3,524	Forum Extended Care II		2,759	(765)	25
26	V	27	Employee Vaccin	360	Forum Extended Care II		282	(78)	26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 344,554			\$ 312,725	\$ * (31,829)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Therapy	\$ 696,432	Community Physical Therapy		\$ 526,199	\$ (170,233)	15
16	V	32	Interest		Community Physical Therapy		2,498	2,498	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 696,432			\$ 528,697	\$ * (167,735)	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs & Maintenance	\$ 38,353	Alden Bennett Construction		\$ 39,253	\$ 900	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 38,353			\$ 39,253	\$ * 900	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number

ALDEN NURSING CENTER - VALLEY RIDGE

# 003-6640

Report Period Beginning 01/01/05

Ending: 12/31/05

RELATED NURSING HOMES	
Name	City
Note: ANC = Alden Nursing Center	
ANC Lakeland	Chicago
ANC Long Grove	Long Grove
ANC Heather	Harvey
ANC Lincoln Park	Chicago
ANC Northmoor	Chicago
ANC Town Manor	Chicago
ANC Terrace of McHenry	McHenry
ANC Morrow	Chicago
ANC Wentworth	Chicago
ANC Naperville	Naperville
ANC Waterford	Aurora
ANC Village for Children & Young Adults	Bloomingtondale
ANC Orland Park	Orland Park
ANC Princeton	Chicago
Alden of Old Town East	Bloomingtondale
Alden of Old Town West	Bloomingtondale
Alden Trails	Bloomingtondale
Alden Northshore	Skokie
ANC Des Plaines	Des Plaines
ANC Des Plaines II	Des Plaines
ANC Alma Nelson	Rockford
ANC Park Stratmoor	Rockford
ANC Meadow Park	Rockford
ANC Poplar Creek	Hoffman Estates
ANC Governs Park	Barrington
ANC Gardens of Rockford	Rockford

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
The Forum Prof. Center	Chicago	Office rental
Pyramid Health Care	Chicago	Nursing supplies
Forum Extended Care II	Chicago	Pharmacy
Alden Management	Chicago	Management
Alden Estates of Evanston	Evanston	Assisted living
Community Physical Therapy	Wood Dale	Therapy provider
Courts of Waterford	Aurora	Alzheimers unit
Gardens of Waterford	Aurora	Assisted living



Alden Valley Ridge

INVESTOR LIST AND PERCENTAGES

NAME	VR
STUART GOLDSAND	3.03
JULIAN BAILES MD	2.02
AARON CARL	1.01
LU SEZENOV	8.08
MILDRED SCHLOSSBERG	10.1
RONALD EATON	8.08
JOHN VERCILLO	1.01
BRETT CARL	2.02
LARRY SAUNDERS	2.02
FLOYD A. SCHLOSSBERG (*5% Split between Randi/Lauren/Audra - 1.666%)	34.35
JOAN/SAM CARL (*5.5% Split - 1 each Hannah, Harry, Chloe, Alex; 3/4% each Pam and Rob)	15.15
WILLIAM HOLWAY	5.05
RICHARD KERN TRUST	1.01
RITCHIE SCHULLO	1.01
RANDI SCHULLO	1.01
JUDGE JULIAN BAILES	1.01
JAMES FREY	4.04
TOTALS	100

Facility Name & ID Number ALDEN VALLEY RIDGE REHAB & HCC # 0036640 Report Period Beginning: 01/01/2005 Ending: 12/31/2005

## VII. RELATED PARTIES (continued)

## C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A Schlossberg	President	a	34.00	131,596	2.268	5.67	salary	\$ 7,904	27-7	1
2	Lauren Magnusson	Clinical Coord	b	A	71,462	2.268	5.67	salary	4,292	15-7	2
3	Terry Magnusson	Maint Super.	c	A	48,582	2.268	5.67	salary	2,918	7-7	3
4	Joan Carl	Vice president-AMS.	d	15.00	131,596	2.268	5.67	salary	7,904	27-7	4
5											5
6	a. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										6
7	b. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										7
8	c. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										8
9	d. Joan Carl is the Secretary of Alden Management Services and all nursing facilities. She has an equity interest in Town Manor, Princeton, Valley Ridge,										9
10	North Shore, Orland Park, and Waterford. She has an equity interest in the real estate of Alma Nelson, Park Strathmoor, and Meadow Park.										10
11											11
12											12
13								TOTAL	\$ 23,018		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number     ALDEN VALLEY RIDGE REHAB & HCC     #   0036640   Report Period Beginning:     01/01/2005     Ending:   2/31/2005

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.)     YES ☒     NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization     ALDEN MANAGEMENT SERVICES, INC.  
Street Address     4200 W. PETERSON AVE.  
City / State / Zip Code     CHICAGO, IL 60646  
Phone Number     ( 773) 286-3883  
Fax Number     ( 773) 286-3743

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1		SEE PG. 8A (ALSO ON PG. 6A)				\$	\$		\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Cambridge Realty		X	Mortgage	\$50,767.00	9/02	\$ 9,009,300	\$ 8,643,537	8/2037	5.9000	\$ 518,118	1	
2												2	
3	Bank Leumi		X	LOC	\$19,028.00	05/31/05	1,000,000	979,520	5/31/06	varies	56,378	3	
4	Other-Therapeutic Syst	X		working capital	\$1,609.29	08/15/02	63,931	6,485	04/15/06	6.8000	1,110	4	
5												5	
	Working Capital												
6	Related party-AMS	X		Working Capital							79,020	6	
7	Related party -FECII	X		Working Capital							1,751	7	
8	Related party - CPT	X		Working Capital							2,498	8	
9	TOTAL Facility Related				\$71,404.29		\$ 10,073,231	\$ 9,629,542			\$ 658,875	9	
	B. Non-Facility Related*												
10	Valley Ridge Assoc	X		Replacement Res int							(981)	10	
11	Valley Ridge Assoc	X		Misc interest								11	
12	Corp GL4646 offset interest expense with interest income										(536)	12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (1,517)	14	
15	TOTALS (line 9+line14)						\$ 10,073,231	\$ 9,629,542			\$ 657,358	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 43,906 Line # 36

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.  
(See instructions.)

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.  
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		<b>Important</b> , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.																							
1. Real Estate Tax accrual used on 2004 report.				\$	168,800	1																			
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)				\$	178,194	2																			
3. Under or (over) accrual (line 2 minus line 1).				\$	9,394	3																			
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	183,500	4																			
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>				\$		5																			
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND    \$                      For                      Tax Year.    (Attach a copy of the real estate tax appeal board's decision.)</b>				\$		6																			
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	192,894	7																			
Real Estate Tax History:																									
Real Estate Tax Bill for Calendar Year:		2000	139,537	8	<table><tr><td colspan="3"><b>FOR OHF USE ONLY</b></td></tr><tr><td>13</td><td>FROM R. E. TAX STATEMENT FOR 2004</td><td>\$</td><td>13</td></tr><tr><td>14</td><td>PLUS APPEAL COST FROM LINE 5</td><td>\$</td><td>14</td></tr><tr><td>15</td><td>LESS REFUND FROM LINE 6</td><td>\$</td><td>15</td></tr><tr><td>16</td><td>AMOUNT TO USE FOR RATE CALCULATION</td><td>\$</td><td>16</td></tr></table>		<b>FOR OHF USE ONLY</b>			13	FROM R. E. TAX STATEMENT FOR 2004	\$	13	14	PLUS APPEAL COST FROM LINE 5	\$	14	15	LESS REFUND FROM LINE 6	\$	15	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16
<b>FOR OHF USE ONLY</b>																									
13	FROM R. E. TAX STATEMENT FOR 2004	\$	13																						
14	PLUS APPEAL COST FROM LINE 5	\$	14																						
15	LESS REFUND FROM LINE 6	\$	15																						
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16																						
	2001	143,975	9																						
	2002	161,163	10																						
	2003	163,889	11																						
	2004	178,194	12																						
Accrual is based on an estimated 3% increase over the lates actual invoice																									

NOTES:

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

IMPORTANT NOTICE

TO:

Long Term Care Facilities with Real Estate Tax Rates

RE:

2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

ALDEN VALLEY RIDGE REHAB & HCC

COUNTY

DuPage

FACILITY IDPH LICENSE NUMBER

0036640

CONTACT PERSON REGARDING THIS REPORT

Steven M. Kroll

TELEPHONE ( 773 ) 286-3883

FAX #: ( 773 ) 286-3743

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

(A)	(B)	(C)	(D)
			<u>Tax</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to</u>
			<u>Nursing Home</u>
1. 02-23-301-019	Nursing Home Facility	\$ 2,793.58	\$ 2,793.58
2. 02-23-301-020	Nursing Home Facility	\$ 175,400.90	\$ 175,400.90
3. Support Attached (pages)	Related Party - Forum	\$ 15,792.00	\$ 685.00
4. Support Attached (pages)	Related Party - Alden Management	\$ 130,007.00	\$ 7,367.00
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 323,993.48	\$ 186,246.48

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 72,046

B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

C. Does the Operating Entity? ☐ (a) Own the Facility ☒ (b) Rent from a Related Organization. ☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? ☐ (a) Own the Equipment ☒ (b) Rent equipment from a Related Organization. ☐ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☐ YES ☒ NO

If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_

2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_

3. Current Period Amortization: \_\_\_\_\_

4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing Home</u>		<u>1990</u>	<u>\$ 317,233</u>	<u>1</u>
2					<u>2</u>
3	TOTALS			<u>\$ 317,233</u>	<u>3</u>

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	FOR OHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5	207		1991		6,027,235	191,340	30	200,908	9,568	3,046,129	5
6											6
7											7
8	Related party-Forum			1978	14,541		25			14,541	8
	Improvement Type**										
9	LEASEHOLD IMPROVEMENTS			1991	1,644,299	58,820	VARIOUS	64,007	5,187	950,155	9
10	REPAIR A/C,CONTROL SYSTEM & PUMP/MISC.			1991	18,611		5			18,611	10
11	EXHAUST FAN/HVAC/BURNISHER/MISC.			1992	32,815	1,260	5,10 & 15	1,260		30,705	11
12	PIPE INSULATION/HVAC/MISC.			1993	31,308	1,030	5,10,15 &17	1,030		27,905	12
13	SEWER WORK/CARPETING/ROOFING/INJECTOR PUMP			1994	28,814	261	5,10 & 25	261		25,221	13
14	REPAIR PUMPS/FAUCETS/HVAC/REGROUT SHOWERS/MSC			1995	28,634	1,014	10,15 & 20	1,014		23,280	14
15	ROOF REPAIR			1996	3,200	320	10	320		3,093	15
16	ROOF REPAIR			1996	2,500	250	10	250		2,354	16
17	PARKING LOT LIGHTING			1996	3,716	248	15	248		2,333	17
18	PARKING LOT LIGHTING,EMRGNCY SERVICE-POWER OUT			1997	8,767		5			8,767	18
19	REPAIR PUMP			1997	1,800		5			1,800	19
20	ROOF REPAIRS			1997	2,590		5			2,590	20
21	REPLACE COMPRESSOR			1997	6,885		5			6,885	21
22	REPLACE MIXING VALVE			1997	2,763		5			2,763	22
23	REPAIR PUMP			1997	2,161		5			2,161	23
24	REPLACE PUMP			1997	6,293		5			6,293	24
25	REPLACED COMPRESSOR			1997	5,000		5			5,000	25
26	ROOF REPAIRS			1997	1,800		5			1,800	26
27	DOOR HOLDER			1997	4,088	409	10	409		3,305	27
28	PARKING LOT			1997	131,918	6,596	20	6,596		52,244	28
29	INSTALL WALL PLATES/OUTLETS			1997	4,968	497	10	497		4,099	29
30	INSTALL CABLE			1998	5,244	524	10	524		3,889	30
31	PAINTING			1998	52,000	2,600	20	2,600		19,283	31
32	CARPETING			1998	59,500	2,975	20	2,975		22,065	32
33	DRAPERIES			1998	13,000	650	20	650		4,821	33
34	ROOF			1998	79,000	3,950	20	3,950		29,296	34
35											35
36											36

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total



**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	OIL/DRIER ON STAGE COMPRESSOR	1998	\$ 2,900	\$ 193	15	\$ 193	\$	\$ 1,498	37
38	REPAIR TOWER	1998	2,727	182	15	182		1,364	38
39	REPLACE PRESSURE RELIEF VALVE	1998	1,940	129	15	129		970	39
40	CARPETING	1998	1,667		5			1,667	40
41	CARPETING	1998	15,858		5			15,858	41
42	CARPETING	1998	5,000		5			5,000	42
43	REPAIR FUEL PUMP ON GENERATOR	1998	2,532	127	20	127		928	43
44	FLOOR TILE	1998	4,876	488	10	488		3,535	44
45	REPAIR SHAFT AND GEAR REDUCER ON DRYER	1998	2,058	206	10	206		1,492	45
46	REPAIR VALVE IN THERAPY ROOM	1998	1,505	100	15	100		719	46
47	REPLACE HEAT PUMP	1998	3,773	252	15	252		1,803	47
48	CARPETING	1998	20,000		5			20,000	48
49	CARPETING	1998	18,082		5			18,082	49
50	Alden Bennet Construction (tank replacement)	1999	12,409	827	15	827		5,722	50
51	Northtown (repair dishwasher)	1999	1,695	170	10	170		1,173	51
52	Climate Service (replace hot water heater)	1999	9,561	637	15	637		4,303	52
53	Taylor Plumbing (pump repair)	1999	1,728		5			1,728	53
54	Ashland Plumbing & Heating Co. (furnished and installed ejector pump)	1999	6,658	444	15	444		2,959	54
55	Rykoff-Sexton (booster heater)	1999	1,893	189	10	189		1,262	55
56	Climate Service (cleaned condenser and tower)	1999	2,642	264	10	264		1,739	56
57	Patten Industries(generator repair)	1999	2,870	287	10	287		1,866	57
58	Fox Valley Fire & Safety(nurse call system repair)	1999	1,510	101	15	101		629	58
59	Fox Valley Fire & Safety(nurse call system repair)	1999	1,632	109	15	109		680	59
60	Climate Service(repair tower fan)	1999	4,733	473	10	473		2,958	60
61	Climate Service(repair tower fan)	1999	2,405	241	10	241		1,503	61
62	New Horizons(replace power supply for phone system)	1999	3,767	377	10	377		2,354	62
63	Patten Industries(rebuild generator)	1999	7,884	394	20	394		2,398	63
64	Alco(nuts, bolts, lock extensions, tube cap,head screw)	1999	1,779		5			1,779	64
65	System Electric(repair dedicated circuits)	2000	2,461	164	15	164		971	65
66	Capps Plumbing (repair ejector pumps)	2000	4,970	331	15	331		1,960	66
67	Fox Valley (re-wire smoke detectors)	2000	14,576	1,458	10	1,458		8,381	67
68	Harold(repair dish machaine)	2000	962	128	5	128		962	68
69	Harold(repair dish machaine)	2000	1,328	199	5	199		1,328	69
70	TOTAL (lines 4 thru 69)		\$ 8,393,831	\$ 281,214		\$ 295,969	\$ 14,755	\$ 4,440,959	70

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 8,393,831	\$ 281,214		\$ 295,969	\$ 14,755	\$ 4,440,959	1
2	new horizons-install phone line	2000	2,742	274	10	274		1,508	2
3	CSI -Coker Service (new motor)	2001	3,865	387	10	387		1,868	3
4	State mandated tank removal	2001	12,242	816	15	816		4,081	4
5	Water Pump repair	2001	1,706	341	5	341		1,564	5
6	GT (new shaft)	2001	2,491	498	5	498		2,200	6
7	new horizons-install phone line	2001	1,572	315	5	315		1,363	7
8	GT (replace fan blade)	2001	3,534	707	5	707		3,063	8
9	Alco sales & service (beds)	2001	2,324	233	10	233		1,007	9
10	Alco sales & service (beds)	2001	233	23	10	23		99	10
11	GT (repalace motor)	2001	791	79	10	79		336	11
12	GT (replace heat exchanger)	2001	1,332	266	5	266		1,110	12
13	GT (repair leaking piping)	2001	1,381	276	5	276		1,151	13
14	GT (refund for shaft)	2002	(2,491)	(498)	5	(498)		(1,992)	14
15	ABC (misc. repair)	2002	2,126	425	5	425		1,701	15
16	GT (compressor)	2002	4,290	286	15	286		953	16
17	Capps (install drain)	2002	2,585	517	5	517		2,025	17
18	SMT healthcare system(body lift)	2002	10,132	676	15	676		2,420	18
19	ABC --(carpet in two elevators))	2002	1,279	128	10	128		490	19
20	ABC (new gate)	2002	3,362	336	10	336		1,177	20
21	ABC-New door	2003	2,102	210	10	210		543	21
22	ABC-Southland-New Floor	2003	857	86	10	86		257	22
23	ABC- Bathroom	2003	735	73	10	73		165	23
24	CSI-repair dishwasher	2003	2,111	422	5	422		1,231	24
25	ABC-GT Mech. Repair gas regulators	2003	2,369	237	10	237		691	25
26	ABC GTMech-repair water heater	2003	1,818	182	10	182		515	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,459,319	\$ 288,509		\$ 303,264	\$ 14,755	\$ 4,470,485	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

**XI. OWNERSHIP COSTS (continued)**  
**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 8,459,319	\$ 288,509		\$ 303,264	\$ 14,755	\$ 4,470,485	1
2	TSN Inc - DSL Cable	2004	990	99	10	99		190	2
3	Aquarium Main Serv-replace mixing valves	2004	10,501	2,100	5	2,100		3,325	3
4	ABC-new flooring	2004	2,100	210	10	210		367	4
5	Aqua Service-boiler mixing valve/storage tank prep	2004	1,205	241	5	241		402	5
6	Aqua Service-boiler mixing valve/storage tank prep	2004	2,906	581	5	581		969	6
7	Aqua Service-rebuilt valves,plumbing	2004	3,002	600	5	600		1,001	7
8	ABC-new flooring	2004	2,276	228	10	228		341	8
9	ABC-hot water heater/valve repair	2004	2,215	443	5	443		701	9
10	Equipment Int'l-repair laundry equipment	2004	2,305	461	5	461		538	10
11	ABC-elevator repairs	2004	3,260	326	10	326		435	11
12	GT Mech-Copper Boiler	2005	12,845	1,071	10	1,071		1,070	12
13	Capps-Furnish/Install 1 1/2 RPZ Boiler	2005	1,940	73	20	73		73	13
14	A&B Custom Cable-Install TV Cabling/Master Antenna for 1st fl	2005	6,020	401	10	401		401	14
15	DBS Contracting, Inc-Bore Underground for TV	2005	5,750	192	10	192		192	15
16	ABC-Bathroom Repairs	2005	4,334	144	10	144		144	16
17	Cybor Fire Protection-Sprinkler System Pipe Work	2005	4,500	300	5	300		300	17
18	A&B Custom Cable-Install 70 rms antennas	2005	8,120	135	10	135		135	18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,533,588	\$ 296,114		\$ 310,869	\$ 14,755	\$ 4,481,069	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

**XI. OWNERSHIP COSTS (continued)**  
**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 <b>Totals from Page 12C, Carried Forward</b>		\$ 8,533,588	\$ 296,114		\$ 310,869	\$ 14,755	\$ 4,481,069	1
2								2
3 <b>Related Party-Forum Prof Center Building:</b>								3
4 <b>Leasehold Improvement-Remodeling</b>	1980	11,034		15			11,034	4
5 <b>Leasehold Improvement-Remodeling</b>	1980	17,284		20			17,284	5
6 <b>Leasehold Improvement-Tenant Improvement</b>	1987	893		13			893	6
7 <b>Leasehold Improvement-AMS Remodel</b>	1988	14,339		10			14,339	7
8 <b>Leasehold Improvement-Roof</b>	1994	3,203	200	16	200		2,204	8
9 <b>Leasehold Improvement-Build.Improv.</b>	1996	1,129	71	16	71		702	9
10 <b>Leasehold Improvement-Asphalting</b>	2000	88		3			88	10
11 <b>Leasehold Improvement-DAI</b>	2001	154	15	10	15		64	11
12 <b>Leasehold Improvement-Bathrooms</b>	2002	667	76	7	76		242	12
13 <b>Leasehold Improvement-Suite Renovation</b>	2003	1,638	164	10	164		491	13
14 <b>Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc</b>	2004	1,801	329	7	329		465	14
15 <b>Leasehold Improvement-Add-on Improvement, fixture base</b>	1980	71		23			71	15
16 <b>Leasehold Improvement-Add-on Improvement, lighting base</b>	2001	123	25	5	25		117	16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26 <b>Related Party-AMS:</b>								26
27 <b>Leasehold Improvement-Remodeling</b>	1993	5,938		7			5,938	27
28 <b>Leasehold Improvement-Remodeling</b>	2002	4,861	694	7	694		1,997	28
29 <b>Leasehold Improvement-Remodeling</b>	2003	5,085	726	7	726		2,072	29
30								30
31								31
32								32
33 <b>Forum Extended Care, LLC-building/building improv</b>	1999	12,928	306	30	306		2,139	33
34 <b>TOTAL (lines 1 thru 33)</b>		\$ 8,614,824	\$ 298,721		\$ 313,476	\$ 14,755	\$ 4,541,209	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 349,442	\$ 36,595	\$ 36,595	\$	varies	\$ 157,002	71
72	Current Year Purchases	26,263	2,769	2,769		varies	2,769	72
73	Fully Depreciated Assets	767,490	18,426	18,426		varies	767,490	73
74								74
75	TOTALS	\$ 1,143,195	\$ 57,790	\$ 57,790	\$		\$ 927,261	75

D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Related Party - AMS	Various: Bus / Autos	1998-2004	\$ 4,706	\$ 111	\$ 111	\$	3	\$ 4,638	76
77										77
78	Vehicle	Midwest Transit Equip	2001	49,826	9,965	9,965		5	49,826	78
79										79
80	TOTALS			\$ 54,532	\$ 10,076	\$ 10,076	\$		\$ 54,464	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 10,129,784	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 366,587	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 381,342	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 14,755	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,522,934	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	NA	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	NA	\$	92
93			93
94			94
95		\$	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:Related party - costs are backed out
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

YES

XNO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning06/00

Ending07/10

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2006	\$720,086
13.	/2007	\$720,086
14.	/2008	\$720,086

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease.

9. Option to Buy:

YES

XNO

Terms:

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

XYES

NONO
16. Rental Amount for movable equipment: \$10,543Description:Copy Machine Lease

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Transport	various	\$#####	\$22,007	17
18					18
19	Related party - AMS		#####	31,973	19
20					20
21	TOTAL		\$#####	\$53,980	21

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

Skilled Nursing on site.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

C. CONTRACTUAL INCOME

ALLOCATION OF COSTS (d)

In the box below record the amount of income your facility received training CNAs from other facilities.

		Facility		Contract	Total
		Drop-outs	Completed		
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

COMPLETED

1. From this facility

2. From other facilities (f)

DROP-OUTS

1. From this facility

2. From other facilities (f)

TOTAL TRAINED

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

12345678										
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost						
					Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 257,326	\$		\$ 257,326	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			29,119			29,119	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			413,807			413,807	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See PG 16A	# of prescrpts				122,821		122,821	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							
10			hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):	See PG 16A				(170,233)	254,131		83,898	13
14	TOTAL			\$		\$ 530,019	\$ 376,952		\$ 906,971	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.



/alley Ridge  
PA pg 16

Col 5: PT,OT, & ST
Col 6: Other
Amount

XIV. SPECIAL SERVICES (Direct Cost)

Service

1. OT	39-3	257,326
2. ST	39-3	29,119
3.		
4. PT	39-3	413,807
5.		
6.		
7.		
8.		
9. Pharmacy	See pg 16	176,337
Plus: Related Party- Forum Drugs		74,631 See Pg 6C
Plus: Related Party- Forum I.V.		(128,147) See Pg 6C
		- - - - -
Total to line 9 Pharmacy		122,821
		- - - - -
10.		
11.		
12. Exceptional Care-Column 3	See pg 16	-
12. Exceptional Care-Column 6	See pg 16	-
13. Related Party- CPT	Column 1	(170,233) See Pg6D
13. Other	See pg 16	366,906
Related Party- Pyramid		(148,397) See Pg6B
Plus: Related Party- Wound Vac		(765) See Pg 6C
Oxygen Cost- IDPA		36,387 See Pg5B
		- - - - -
13. Total	Column 6	254,131
Total to line 13		83,898
		- - - - -
14. Total		906,971
		= = = = =

**Cell:** C50

**Comment:** Lydia:  
This should match PG4 Line 39 Col 8

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ (118,105)	\$ (117,638)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 150,000 )	2,179,573	2,179,573	3
4	Supply Inventory (priced at )	587	587	4
5	Short-Term Investments			5
6	Prepaid Insurance		41,679	6
7	Other Prepaid Expenses	4,342	4,342	7
8	Accounts Receivable (owners or related parties)	2,575,697	2,393,190	8
9	Other(specify): Due from 3rd parties	194,823	194,823	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 4,836,918	\$ 4,696,556	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		290,687	13
14	Buildings, at Historical Cost		7,880,053	14
15	Leasehold Improvements, at Historical Cost	600,776	936,194	15
16	Equipment, at Historical Cost	511,149	1,110,083	16
17	Accumulated Depreciation (book methods)	(794,080)	(5,148,782)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		55,943	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(5,195)	20
21	Restricted Funds		332,635	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 317,845	\$ 5,451,618	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 5,154,763	\$ 10,148,174	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,536,827	\$ 1,633,307	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	257,856	257,856	28
29	Short-Term Notes Payable	986,005	986,005	29
30	Accrued Salaries Payable	391,771	391,771	30
31	Accrued Taxes Payable (excluding real estate taxes)	20,266	20,266	31
32	Accrued Real Estate Taxes(Sch.IX-B)		183,500	32
33	Accrued Interest Payable	418,420	461,390	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	Accr Ins, Exps, IDPA, Sales Tax, Etc	361,738	424,718	36
37				37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 3,972,883	\$ 4,358,813	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	437,600	437,600	39
40	Mortgage Payable		8,643,537	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 437,600	\$ 9,081,137	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 4,410,483	\$ 13,439,950	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 744,279	\$ (3,291,776)	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 5,154,763	\$ 10,148,174	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (22,156)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (22,156)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	766,435	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 766,435	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 744,279	24 *

\* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.  
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

1			
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 9,999,601	1
2	Discounts and Allowances for all Levels	( )	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,999,601	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	199,869	6
7	Oxygen	16,102	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 215,971	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	510	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	(4,574)	19
20	Radiology and X-Ray		20
21	Other Medical Services	91,460	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 87,395	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	533	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 533	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc Income, Recovery of Bad Debts	255	28
28a	Prior year account adjustments	5,825	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 6,080	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,309,580	30

2			
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,561,315	31
32	Health Care	3,397,202	32
33	General Administration	2,112,783	33
B. Capital Expense			
34	Ownership	1,115,016	34
C. Ancillary Expense			
35	Special Cost Centers	1,243,495	35
36	Provider Participation Fee	113,333	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 9,543,144	40
41	Income before Income Taxes (line 30 minus line 40)**	766,435	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 766,435	43

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? Not yet done If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)  
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,896	2,080	\$ 76,634	\$ 36.84	1
2	Assistant Director of Nursing	992	1,008	31,954	31.70	2
3	Registered Nurses	27,267	28,871	872,222	30.21	3
4	Licensed Practical Nurses	22,141	23,053	604,770	26.23	4
5	CNAs & Orderlies	77,589	80,819	981,202	12.14	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,046	2,266	33,667	14.86	8
9	Activity Director	1,984	2,080	43,559	20.94	9
10	Activity Assistants	8,444	9,135	107,525	11.77	10
11	Social Service Workers	1,752	1,992	37,947	19.05	11
12	Dietician					12
13	Food Service Supervisor	1,992	2,088	68,347	32.73	13
14	Head Cook	5,768	6,120	72,468	11.84	14
15	Cook Helpers/Assistants	27,938	30,214	268,274	8.88	15
16	Dishwashers					16
17	Maintenance Workers	1,960	2,080	32,048	15.41	17
18	Housekeepers	20,115	21,650	196,115	9.06	18
19	Laundry	5,483	6,029	50,221	8.33	19
20	Administrator	1,904	2,080	124,596	59.90	20
21	Assistant Administrator					21
22	Other Administrative	5,208	5,738	131,321	22.89	22
23	Office Manager	1,968	2,040	27,587	13.52	23
24	Clerical	2,494	2,577	22,768	8.84	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,155	4,291	142,908	33.30	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,856	2,080	45,758	22.00	31
32	Other Health C: Clinical Supp Supv	2,130	2,130	61,842	29.03	32
33	Other(specify) <u>Alzheimers Staff</u>	3,851	4,047	54,391	13.44	33
34	TOTAL (lines 1 - 33)	230,933	244,468	\$ 4,088,124 *	\$ 16.72	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	monthly	\$ 9,600	1-3	35
36	Medical Director	monthly	18,000	10-3	36
37	Medical Records Consultant			10-3	37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	monthly	4,968	10-3	39
40	Physical Therapy Consultant			11-3	40
41	Occupational Therapy Consultant			11-3	41
42	Respiratory Therapy Consultant			11-3	42
43	Speech Therapy Consultant			11-3	43
44	Activity Consultant	12	692	11-3	44
45	Social Service Consultant			11-3	45
46	Other(specify)			11-3	46
47				11-3	47
48					48
49	TOTAL (lines 35 - 48)	12	\$ 33,260		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		53

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

**Facility Name & ID Number**      **ALDEN VALLEY RIDGE REHAB & HCC**

**# 0036640**

**Report Period Beginning: 01/01/2005**

**Ending: 12/31/2005**

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

1		2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1	Painting/hvac/pump rep's	2-10/92	\$ 6,223	5	\$	\$	\$	\$	\$	\$	\$	\$	\$
2	Plumbing/painting	7-10/94	10,767	5									
3	Painting/hvac repairs	1-12/95	14,370	3-10									
4	Painting/hvac damper rep	1-12/96	21,136	3-10	656	656	656	656	378				
5	sprinklers/hvac repairs	5-11/97	12,867	3									
6	hvac repair	6/98	2,089	3	0								
7	painting>\$1,500 ytd 1999	7/99	10,794	3	1,799	0							
8	ABC(repair pole)	9/00	1,278	3	426	284	0						
9	GT Mech.(repair A/C)	8/00	1,545	3	515	301	0						
10	painting>\$1,500 ytd 2000	7/00	10,444	3	0	1,741	0						
11	CSI (repalce boiler)	5/01	4,312	3	1,437	1,437	480						
12	Capps Plumbing	9/01	1,645	3	548	548	366						
13	ABC (misc repairs)	10/02	1,392	3	116	464	464	348					
14	GT (cooling tower repair)	7/02	2,216	3	369	739	739	369					
15	ABC (misc repairs)	09/02	1,774	3	197	591	591	395					
16	ABC(misc repairs)	01/03	1,483	3		494	494	494					
17	AMS - painting	12/03	770	3		21	257	257	235				
18													
19													
20	TOTALS		\$ 105,105		\$ 6,063	\$ 7,276	\$ 4,047	\$ 2,519	\$ 613	\$	\$	\$	\$



Facility Name & ID Number		ALDEN VALLEY RIDGE REHAB & HCC		STATE OF ILLINOIS	#	0036640	Report Period Beginning:	01/01/2005	Ending:	12/31/2005	Page 23
XX. GENERAL INFORMATION:											
(1)	Are nursing employees (RN,LPN,NA) represented by a union?			<u>No</u>							
(2)	Are there any dues to nursing home associations included on the cost report?			<u>Yes</u>							
	If YES, give association name and amount.			<u>IL Health Care Assoc - \$10,930</u>							
(3)	Did the nursing home make political contributions or payments to a political action organization?			<u>Yes</u>							
	If YES, have these costs been properly adjusted out of the cost report?			<u>Yes</u>							
(4)	Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?			<u>No</u>							
	If YES, what is the capacity?										
(5)	Have you properly capitalized all major repairs and equipment purchases?			<u>Yes</u>							
	What was the average life used for new equipment added during this period?			<u>10 Yrs</u>							
(6)	Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.			\$ <u>32,578</u> Line <u>10</u>							
(7)	Have all costs reported on this form been determined using accounting procedures consistent with prior reports?			<u>Yes</u>							
	If NO, attach a complete explanation.										
(8)	Are you presently operating under a sale and leaseback arrangement?			<u>No</u>							
	If YES, give effective date of lease.			<u>NA</u>							
(9)	Are you presently operating under a sublease agreement?			YES <u>X</u> NO							
(10)	Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?			YES <u>NO</u> <u>X</u>							
	If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.										
(11)	Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.			\$ <u>113,333</u>							
	This amount is to be recorded on line 42 of Schedule V.										
(12)	Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?			<u>No</u>							
	If YES, attach an explanation of the allocation.										
(13)	Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?			<u>Yes</u>							
(14)	Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?			<u>No</u>							
	For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.										
(15)	Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.			\$ <u>32,469</u>							
	Has any meal income been offset against related costs?			<u>No</u>							
	Indicate the amount.			\$ <u>NA</u>							
(16)	Travel and Transportation										
	a. Are there costs included for out-of-state travel?			<u>No</u>							
	If YES, attach a complete explanation.										
	b. Do you have a separate contract with the Department to provide medical transportation for residents?			<u>No</u>							
	If YES, please indicate the amount of income earned from such a program during this reporting period.			\$ <u>0</u>							
	c. What percent of all travel expense relates to transportation of nurses and patients?			<u>0</u>							
	d. Have vehicle usage logs been maintained?			<u>NA</u>							
	e. Are all vehicles stored at the nursing home during the night and all other times when not in use?			<u>NA</u>							
	f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?			<u>NA</u>							
	g. Does the facility transport residents to and from day training?			<u>No</u>							
	Indicate the amount of income earned from providing such transportation during this reporting period.			\$ <u>NA</u>							
(17)	Has an audit been performed by an independent certified public accounting firm?			<u>No</u>							
	Firm Name:			<u>NA</u>							
	The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached?			<u>No</u>							
	If no, please explain.			<u>Not Required</u>							
(18)	Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V?			<u>Yes</u>							
(19)	If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report?			<u>Yes</u>							
	Attach invoices and a summary of services for all architect and appraisal fees										